

## State of New Hampshire 2006 ANNUAL REPORT

The following information shall be given as of January 1 preceeding the due date Pursuant to RSA 293-A:16.22. REPORT DUE BY April 1, 2006

ANNUAL REPORTS RECEIVED AFTER THE DUE DATE WILL BE ASSESSED A LATE FEE.

Date Filed: 03/10/2006 Business ID: 420425

Filed

William M. Gardner **Secretary of State** 

ΑU	TOMOBILE PROTECTION CORPORATION-APCO	ADDDESS OF DDINGIDAL OFFICE.		
601	0 ATLANTIC BLVD		ADDRESS OF PRINCIPAL OFFICE:	
	PRCROSS, GA 30071	6010 ATLANTIC BLVD	6010 ATLANTIC BLVD	
	3	NORCROSS, GA 30071		
	ENTITY TYPE: CORPORATION	1		
	BUSINESS ID: 420425	REGISTERED AGENT AND OFFICE:		
	STATE OF DOMICILE: GEORGIA	C T CORPORATION SYSTEM		
	FEDERAL ID: 581582432	9 CAPITOL ST		
	PROVIDE AND ADMINISTER WARRANTIES/ EXTENDED VEHICLE			
	SERVICE CONTRACTS	CONCORD, NH 03301		
	If changing the mailing or principal office address, please c	check the appropriate box and fill in the necessary information		
2	The new mailing address			
	The new principal office address			
	PO Box is	is acceptable.		
	OFFICERS	BOARD OF DIRECTORS		
	NAME AND BUSINESS ADDRESS (P.O. BOX ACCEPTABLE). NAME AND BUSINESS ADDRESS (P.O. BOX ACCEPTABLE).			
	(MUST LIST AT LEAST ONE OFFICER BELOW) A	(MUST LIST AT LEAST ONE DIRECTOR BELOW)	<b>B</b>	
	PRES. John E. Lee	DIR. John E. Lee		
	STREET 6010 Atlantic Blvd.	STREET 6010 Atlantic Blvd.		
	CITY/STATE/ZIP Norcross Ga 30071-1303	CITY/STATE/ZIP Norcross Ga 30071-1303		
	TREAS. John F. Marks	DIR. John F. Marks		
4	STREET 6010 Atlantic Blvd.	STREET 6010 Atlantic Blvd.		
3	CITY/STATE/ZIP Norcross Ga 30071-1303	CITY/STATE/ZIP Norcross Ga 30071-1303		
	SEC'Y. Virginia W. Wadsworth	DIR. Larry I. Dorfman		
	STREET 6010 Atlantic Blvd.	STREET 6010 Atlantic Blvd.		
	CITY/STATE/ZIP Norcross Ga 30071-1303	CITY/STATE/ZIP Norcross Ga 30071-1303		
	OTHE. MICHAEL A. CURRAN	DIR. MICHAEL A. CURRAN		
	STREET 6010 ATLANTIC BLVD	STREET 6010 ATLANTIC BLVD		
	CITY/STATE/ZIP NORCROSS GA 30071	CITY/STATE/ZIP NORCROSS GA 30071		
	NAMES AND ADDRESSES OF ADDITIONAL OF	FFICERS AND DIRECTORS ARE ATTACHED		
	m 1 · 11 · m			
	To be signed by an officer, director, or any other person authorized by the board of directors.  I, the undersigned do hereby Certify that the statements on this report are true to the best of my information, knowledge and belief.			
	1, the distributed do nervey Cordry that the statements of this i	report are true to the best of my information, knowledge and be	1101.	
4	COLLA TOUNE LEE			
	Sign here: JOHN E. LEE			
	Please print name and title of signer: JOHN E. LEE	/ PRESIDE	ENT	
	NAME	TIT	LE	
	FEE DIE. 2400 00	SC (OPTIONAL).		
	FEE DUE: \$100.00 E-MAIL ADDRESS	55 (OPTIONAL):		



WHEN THIS FORM IS ACCEPTED BY THE SECRETARY OF STATE, BY LAW IT WILL BECOME A PUBLIC DOCUMENT AND ALL INFORMATION PROVIDED IS SUBJECT TO PUBLIC DISCLOSURE

REQUIRED INFORMATION MUST BE COMPLETE OR THE REGISTRATION REPORT WILL BE REJECTED

MAKE CHECK PAYABLE TO SECRETARY OF STATE RETURN COMPLETED REPORT AND PAYMENT TO: